



**SAMHSA-HRSA**  
CENTER for INTEGRATED  
HEALTH SOLUTIONS

**Creating Your Wellness  
Component – Selecting and  
Implementing Evidence-based  
Practices**

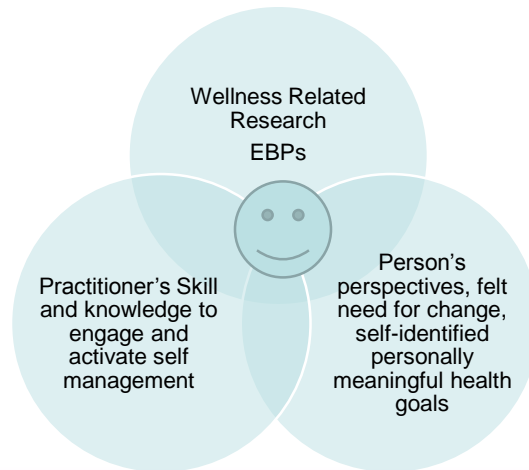
November 18, 2015

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## Guidance on Selecting EBPs

- Grantees that have budgeted for EBPs
- Grantees who have not budgeted for EBPs
- Opportunities for regional trainings
- Opportunities to attend WHAM at the National Council Conference – ***non-SAMHSA related***

## A Really Good Practice: Intersection of evidence + practitioner + client



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## SAMHSA Definition Wellness

Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Incorporating aspects of the Eight Dimensions of Wellness, such as choosing healthy foods, forming strong relationships, and exercising often, into everyday habits can help people live longer and improve quality of life. The Eight Dimensions of Wellness may also help people better manage their condition and experience recovery.

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## The Evidence Informed Wellness Programs

### 1. Nutrition/Exercise (required)

- Nutrition and Exercise for Wellness and Recovery (NEW-R)
- Diabetes Awareness and Rehabilitation Training (DART)
- Solutions for Wellness
- Weight Watchers
- InSHAPE
- Stoplight Diet
- Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

### 2. Tobacco Cessation (required)

- DIMENSIONS Tobacco Free Program
- Learning About Healthy Living
- Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

### 3. Chronic Disease Self-Management (encouraged)

- Whole Health Action Management (WHAM)
- Health and Recovery Peer (HARP) Program



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## Nutrition and Exercise for Wellness and Recovery (NEW-R)

**Description:** Eight 1.5 hour weekly sessions focused on weight management and well-being. Each session starts with an inspirational quote or story, and includes goal setting, a success story from a person in recovery, and a (minimum 20 min.) physical activity component. Uses a manualized curriculum.

**Available online?** Yes. To download the leader and participant manuals visit <http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp>

**Training required?** No

**Cost to obtain:** Free of charge

**For more information:** Contact Dr. Catana Brown, [cbrown2@midwestern.edu](mailto:cbrown2@midwestern.edu)

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## Diabetes Awareness and Rehabilitation Training (DART)

**Description:** 24 week manualized intervention consisting of three primary components: diabetes education; nutrition; and lifestyle exercise.

- **Education:** diabetes management, symptoms, complications, medications, how to use a glucose meter, and how to talk with your doctor.
- **Nutrition:** participants learn about food groups, portion sizes, selecting healthy meals, how to read labels, and how to replace sugar with fat and fiber.
- **Lifestyle exercise:** different types of exercise, the relationship between blood sugar and exercise, how to track exercise using pedometers, and the importance of foot care during exercise.

**Available online?** No

**Training required?** No

**Cost to obtain:** Free of charge

**For more information and to obtain manual:** Contact the program developer, Dr. Christine McKibbin at [cmckibbi@uwo.edu](mailto:cmckibbi@uwo.edu)

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## Solutions for Wellness (SFW) Manualized Wellness Program

**Description:** Manualized psychoeducational program developed, published, and distributed by Eli Lilly and Company. It is intended for persons with SMI who use psychotropic medications and have weight problems. The program typically consists of a 10-12 week curriculum focused around education to promote healthier diet and increased physical activity. Written materials for both patients and group facilitators covering 18 topics related to diet and 14 topics related to exercise.

**Available online?** Yes. To download, visit [www.thenationalcouncil.org/team-solutions-solutions-wellness/](http://www.thenationalcouncil.org/team-solutions-solutions-wellness/)

**Training required?** No

**Cost to obtain:** Free of charge

**For more information:** Contact [communications@thenationalcouncil.org](mailto:communications@thenationalcouncil.org)

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## Weight Watchers

**Description:** Community resource designed for the general population that sponsors group meetings where members can offer each other encouragement, support, and tips for making healthier lifestyle choices along with private weigh-ins. Weight Watchers offers two diet plans:

- **The Points Plan:** In the points plan, foods are assigned a certain number of points based on the food's calorie, total fat, and dietary fiber content. Participants are allowed to eat any foods they choose and are allotted a certain number of points each day
- **The Core (no-counting) Plan:** The core plan is based on the consumption of wholesome foods from all the food groups, including fruits and vegetables, grains and starches, lean meats and poultry, and eggs and dairy products.

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## Weight Watchers

**Description (cont.):** Weight Watchers is also online:

- OnlinePlus: Follow the plan on your own terms, 100% online, backed by 24/7 support
- Meetings + OnlinePlus: The heart of the brand — people sharing and supporting each other through experiences
- Coaching +OnlinePlus: One-on-one guidance and motivation from a Personal Coach who's been in your shoes

**For more information:** Visit [www.weightwatchers.com](http://www.weightwatchers.com)

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## InSHAPE

**Description:** A certified fitness trainer is the key to the program. The trainers are certified in fitness training and CPR, and have received additional training from dietitians, as well as instruction in motivational interviewing, goal setting, and the symptoms and treatments of mental illnesses.

- Plan is tailored according to each participant's fitness abilities, dietary behaviors, goals, and preferences.
- Gym membership to a community fitness facility
- Caseload for the fitness trainer is typically 30 participants per one full-time equivalent
- Individual one-hour health consultations each week
- Monthly weight-management group sessions where 6-8 participants meet at a community setting to receive healthy eating education and participate in group discussions

**Available online?** No

**Training required?** Yes

**Cost?** Yes

**For more information:** Visit <http://www.kenjue.com/> or email [ken@kenjue.com](mailto:ken@kenjue.com). A complimentary phone consultation is provided to determine if InSHAPE is right for you.

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## Stoplight Diet Color System

### Green Light Foods

Green light foods are “grow” foods which include all fruits and vegetables.

Green light foods are: grown and not manufactured, low in calories, high in nutrients, colorful, and usually can be eaten raw.

### Yellow Light Foods

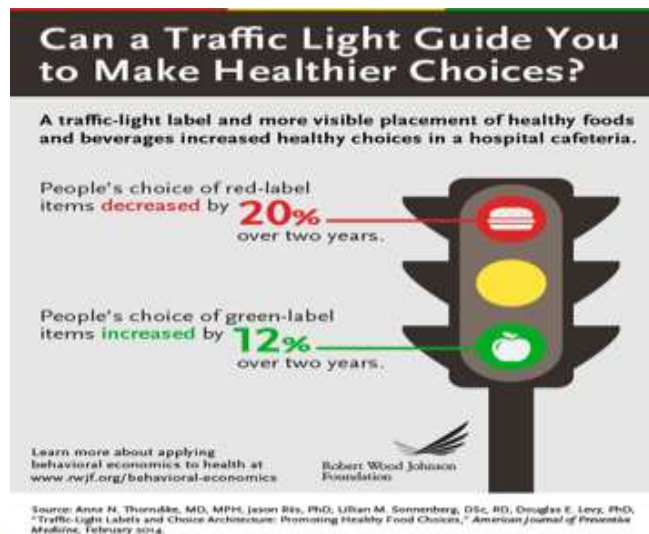
Yellow light foods are “slow down” foods. These foods are okay to eat everyday, in moderation. Yellow light foods include: pasta, rice, bread, tortillas, noodles, eggs, lean meat, chicken, low fat yogurt, nuts and seeds, olive oil, soy foods, whole grains, fish, low fat cheese, and vegetable oil.

### Red Light Foods

Red light foods are “stop” and think foods. Red light foods are low in nutrients; high in calories, fat or sugar; or contain artificial sweeteners, hydrogenated oils, or trans-fats.

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## Stoplight Diet for Adults: One Finding



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## Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

**Description:** 18-month weight loss intervention consisting of group weight management sessions, individual weight management sessions, and group exercise sessions.

The intervention is divided into two phases:

Initial 6-month intervention phase (intensive phase),

- attend three monthly 45-minute group weight management sessions led by an interventionist,
- one monthly 15-20 minute individual visit with an interventionist,
- three weekly 45-minute group exercise sessions,
- and weekly weigh-ins.

Maintenance phase from months 7-18.

- participants attend one 45-minute group weight-management session each month,
- one 15-20 minute individual visit with an interventionist each month,
- three 45-minute group exercise sessions each week, and
- semi-monthly weigh-ins.

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## ACHIEVE

**Description (cont).**

- Group exercise sessions
- The weight management sessions cover diet education, self-monitoring, and include hands-on activities such as measuring portions and grocery shopping.
- Practitioners deliver both the group exercise and weight management sessions either alone or in pairs.
- Typically, 1-2 practitioners facilitate classes for 20-30 participants.
- The individual weight loss consultations are delivered one-on-one
- Practitioners are specifically trained to deliver the intervention, and typically have bachelor degrees in health education, dietetics, or kinesiology, as well as relevant experience working with individuals with SMI.
- Those leading the group exercise classes are certified exercise instructors and specifically trained for this intervention.

**For more information:** The researchers are developing a standardized manual and training curriculum that will be made available to psychiatric rehabilitation programs and other mental health organizations. Inquiries can be addressed by contacting the study director Joseph Gennusa at [jgennus1@jhmi.edu](mailto:jgennus1@jhmi.edu)

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## Million Hearts Campaign

As part of the HHS' initiative to prevent 1 million heart attacks and strokes by 2017, the Million Hearts Campaign has issued treatment protocols.

a. National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report*. National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004. (<http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/>)

b. Elements Associated with Effective Adoption and Use of a Protocol Insights from Key Stakeholder. (<http://millionhearts.hhs.gov/resources/protocols.html>)

c. An Effective Approach to High Blood Pressure Control A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. (<http://www.sciencedirect.com/science/article/pii/S0735109713060774>)

d. Protocol-Based Treatment of Hypertension : A Critical Step on the Pathway to Progress; *JAMA January 1, 2014 Volume 311, Number 1* (<http://jama.jamanetwork.com/journal.aspx>)

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## Tobacco Cessation

### DIMENSIONS Tobacco Free Program

#### Learning About Healthy Living

#### Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

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## DIMENSIONS Tobacco Free Program

(formerly Peer-to-Peer Tobacco Dependence Recovery Program)

**Description:** Program facilitators learn how to successfully negotiate the treatment of tobacco cessation in different healthcare settings. Facilitators use motivational engagement strategies, community referrals, educational activities, and peer- or provider-led Tobacco Free groups to promote positive behavior change in individuals interested in tobacco cessation. The group uses a manualized curriculum.

**Curriculum available online?** No.

**Training required?** Yes. 1.5 day in-person training for maximum 50 participants.

**Cost for training and materials:** \$13,000 (costs may be shared among multiple agencies within the same geographical region)

**For more information:** Contact Dr. Chad Morris, [Chad.Morris@ucdenver.edu](mailto:Chad.Morris@ucdenver.edu)

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## Learning About Healthy Living

**Description:** Group program using a manualized curriculum. The manual includes a chapter on treatment medications and additional resources.

- Group I “Learning about Healthy Living” is an educational and motivational-based intervention with an open-ended format and rolling admission. It is not time limited.
- Group II “Quitting Smoking” is an action-based treatment for those who are ready to try to quit smoking. It is a closed group format that lasts 8-10 weeks. There should be at least 4 individuals in this group.

**Available online?** Yes. To download visit [http://rwjms.rutgers.edu/departments\\_institutes/psychiatry/divisions/addiction/community/documents/2012lahl.pdf](http://rwjms.rutgers.edu/departments_institutes/psychiatry/divisions/addiction/community/documents/2012lahl.pdf)

**Training required?** No

**Cost to obtain:** Free of charge

**For more information:** Contact Dr. Jill Williams at [williajm@rwjms.rutgers.edu](mailto:williajm@rwjms.rutgers.edu)

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## Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

**Description:** Manual written by nurses for nurses. Describes the treatment approach of a small group of nurses in Rochester, New York. Includes 60 minute individual counseling, follow up individual sessions, and recommended telephone and/or group follow up.

**Available online?** Yes. To download visit  
<http://www.apna.org/files/public/tobaccodependencemanualfornurses.pdf>

**Training required?** No

**Cost to obtain:** Free of charge

**For more information:** Visit  
<http://www.apna.org/i4a/pages/index.cfm?pageid=5282>

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## Chronic Disease Self-Management

Stanford Chronic Disease Self-Management Model (CDSM)  
 Whole Health Action Management (WHAM)  
 Health And Recovery Program (HARP)

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## Stanford Model of Chronic Disease Self-Management

**Description:** Peer facilitated small groups of 10-16 people. People with different disease and comorbid conditions may be engaged in the same group.

- 2½ hours per week for 6 weeks
- Topics: Managing Symptoms (*pain, fatigue, depression, shortness of breath*)  
Exercise, Relaxation Techniques, Healthy Eating, Communication Skills,  
Medication Management, Problem Solving, Action Planning, Decision Making

**Available online?** No.

**Training required?** Yes. 4.5 days in-person training. Visit <http://patienteducation.stanford.edu/training/> for further details.

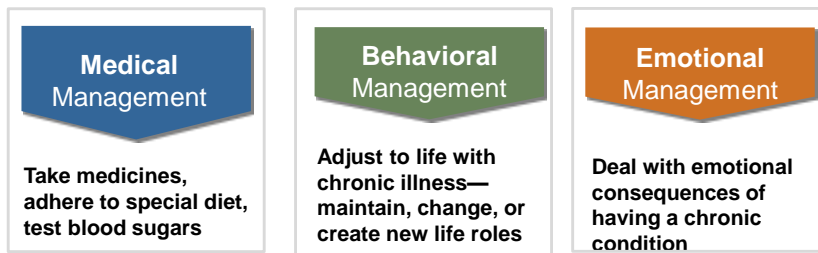
**Training costs:** Visit <http://patienteducation.stanford.edu/training/trnfees.html> for further details.

**For more information:** Visit <http://patienteducation.stanford.edu/programs/cdsmp.html>

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## Stanford Model of Chronic Disease Self-Management

Living with a chronic condition requires patient self-management in three key areas:



## Whole Health Action Management (WHAM)

**Description:** Designed for the behavioral health peer workforce by the SAMHSA-HRSA Center for Integrated Health Solutions. **Whole Health Action Management (WHAM)** training is a peer-led intervention to activate whole health self-management to create and sustain new health behaviors in Community Mental Health Centers, Federally Qualified Health Centers, Health Homes, and Veterans Administration programs.

**Available online?** Yes. To download visit <http://www.integration.samhsa.gov/health-wellness/wham>

**Training required?** Yes. 2 day in-person training for maximum 30 participants.

**Training costs:** Yes (costs may be shared among multiple agencies within the same geographical region)

**For more information including costs:** Contact Hannah Mason, [hannahm@thenationalcouncil.org](mailto:hannahm@thenationalcouncil.org)

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## WHAM 5 Keys to Success

- A person-centered goal focused on 10 science-based whole health and resiliency factors
- A weekly action plan that breaks the goal into small, achievable successes
- A daily/weekly personal log
- One-to-one peer support
- A weekly WHAM peer support group

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## Health and Recovery Peer (HARP) Program

**Description:** Adapted the Stanford University Chronic Disease Self-Management Program (CDSMP) to be delivered by and for MH consumers. Includes 6 group sessions, diet and exercise training, specific disease management techniques.

**Available?** Not at the present time. Program will be available following completion of the current multisite research trials.

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## Overall Structure of HARP

### **Session One: Overview, Introduction to Action Planning**

- Coaching session: Becoming a self-manager

### **Session Two: Introduction to Physical Activity and Exercise:**

- Coaching session: Understanding your chronic illnesses

### **Session Three: Breathing, Relaxation**

- Coaching session: Relaxation and dealing with stress

### **Session Four: Healthier Eating, Advance Directives**

- Coaching session: Better diet and exercise on a .limited budget

### **Session Five: Medication Use, Making Informed Decisions**

- Coaching Session: Communication Skills

### **Session Six: Working with Your Health Care Provider**

- Coaching Session: Summary and plans for the future

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# SUMMARY OF WHAT WE LEARN FROM RESEARCH

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## What research tells us\*

**Program format:** longer duration (3 or more months) combining a manualized education and activity-based approach, and incorporating both nutrition and physical exercise, are likely to be the most effective in reducing weight and improving physical fitness, psychological symptoms, and overall health.

**What doesn't work:** Programs with briefer duration; general wellness, health promotion or education-only programs; non-intensive, unstructured, or non-manualized interventions; and programs limited to nutrition only or exercise only.

**Weight management:** the nutritional component is critical and incorporates active weight management (i.e., participant and program monitoring of weight and food diaries), as opposed to nutrition education alone.

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## What the research tells us cont.

**Physical fitness:** Activity-based programs that provide intensive exercise and measurement of fitness (e.g., 6-minute walk test or standardized physical activity monitoring) are more likely to be successful.

**Integrated services:** Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of services.

**Measurement and monitoring:** Lifestyle behaviors (nutrition, physical activity, tobacco use), physical fitness, and weight outcomes as well as evidence-based program fidelity should be objectively and reliably measured and monitored.

\* The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College

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## Practitioner's skills and knowledge to engage and activate self management

Health literacy of practitioners

Teaching strategies

Motivational enhancement approaches

Group facilitation skills



Practitioner's Skill  
and knowledge to  
engage and activate  
self management

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## Practitioner Skills: Engagement

- Assess readiness and align interventions accordingly.
- Use motivational interviewing approaches to assist the client to make an informed decision about wellness and to identify a personally meaningful health goal.
- Wellness topics include information that is clearly and simply presented and honestly engages consumers to consider the pros and cons of current health related behavior.
- In group settings, the size of the group enables opportunities to personalize the information (optimal group size is 10 or fewer).

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## The Client's Perspective

Beliefs, needs, goals,  
preferences, circumstances,  
religious and cultural values,  
strengths, social and economic  
resources, readiness.



Person's  
perspectives, felt  
need for change,  
self-identified  
personally  
meaningful health  
goals

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## Culture and Wellness Programming: Main Points

Cultural and religious factors influence the preferences, values, beliefs, and expectations of people.

One's beliefs, values and expectations influence choices and preferences related to a host of wellness-related activities and services:

- Food preparation and traditions
- Attitudes about substance use including tobacco
- Comfort with various activities involving body movement (meditation, yoga, dance, exercise)
- Experience with and expectations of healthcare providers
- Attitudes about weight and exercise
- Access to wellness supporting people, places and things



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## Client Driven Wellness: IMPACT

**I MPROVE:** Does accomplishing the goal improve the quality of my health and resiliency?

**M EAURABLE:** Is the goal objectively measurable so I know if I have accomplished it?

**P OSITIVELY STATED:** Is it positively stated as something new I want in my life?

**A CHIEVABLE:** Is it achievable for me in my present situation and with my current abilities?

**C ALL FORTH ACTIONS:** Does it specify actions that I can take on a regular basis to create healthy habits or a healthier lifestyle?

**T IME LIMITED:** When do I plan to accomplish my goal?

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## Characteristics of wellness and healthcare services that are more likely to engage consumers

- Emphasis on the positive (goals to achieve rather than the problem to solve)
- Increase positive health behaviors alone has value (small successes matter)
- Create opportunities for our enrollees to identify and share their strengths throughout all encounters (what's strong vs. what's wrong)
- Integrate wellness and health promoting behavior as part of the routine discussions across all services and encounters
- Design services to be easily accessible, involving, fun, non-pressured, non-judgmental, not embarrassing, and builds confidence and social support

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## Characteristics of wellness and healthcare services that are more likely to engage consumers

- Builds in action steps that are practical in light of the consumers' financial resources, age, gender, cultural values, and overall health.
- Builds in social supports that may be very helpful (e.g., engage family/friends, peer buddy system) and aligns with consumer preferences
- Emphasizes health promoting activities that are fun, intrinsically rewarding, non-pressured (may be helpful to avoid the common tendency to present information in the form of a lecture full of "shoulds" "musts" and "ought to's."

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## Community Connections

- Health Fairs (within the organization and in the community)
- Field visits to farmers markets, local grocery stores, community resources such as local college, gyms, YMCA, Weight Watchers
- Walking groups, yoga, low-cardio aerobics, roller skating, hiking, general exercise, dance, swimming
- Cooking demonstrations and practice
- Groups on topics such as Living a Healthy Lifestyle, Understanding and Using Healthcare Services

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## Lessons Learned

- Enthusiasm of staff is key
- Use of pedometers, CO monitors, improvement tracking graphs are reinforcing and energizing
- Fitness/nutrition competitive games and challenges that are fun
- Newsletters to continually inform the community of progress and new offerings
- Informational resources such as healthy cooking on a budget
- Hands-on and direct practice and demonstrations is very engaging
- Recognition events to acknowledge and reinforce participation
- Peer-led programs and individualized support

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## The Role of Peers in Advancing a Culture of Wellness

- Partners in decision making
- Promoting lived experience to activate self-management
- Peer-led wellness activities and services
- Collaboration with partnering peer organizations
- Peer provider career ladder
- Support for peer provider wellness training and supervision
- Peer and non-peer staff collaboration in service planning, coordination, and co-leadership
- Peer voice across organizational departments/workgroups/committees/board of directors

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## Lessons Learned

- Offering a variety of programming helps to keep individuals motivated and engaged.
- Low-income often makes it harder to buy healthier foods – need to help individuals with budgeting and food selection.
- Incentives - e.g. certificates, t-shirts, water bottles, pedometers (and other monitoring and feedback opportunities).
- Providing healthy snacks at numerous events - exposure and modeling of healthy eating.
- Staff involvement alongside clients helps to create a “culture of wellness.”
- Small initial gains really matter (supporting a positive health behavior change even in the absence of stopping an unhealthy health behavior is progress).
- Share short-term and long-term wins

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## Lessons Learned

- Everyone in the organization that is involved with the client is a source of support and encouragement.
- No one size fits all (having options aligned with readiness level).
- The source of client activation lies in
  - Personally meaningful goals (change is positive);
  - Confidence in achieving goals (change is possible);
  - Social resources (change is supported by others who matter).
- Person goes at their own pace.

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## Additional Resources

**Diabetes Education Toolkit** – an interactive website including a “Diabetes Library” of 1-page patient education handouts on a wide variety of topics, each linked to an ADA standard of care, as well as a set of podcasts and instructions on “How to Use the Toolkit” for providers and for patient self-use. Featured as a Quality Tool by AHRQ.

<https://innovations.ahrq.gov/qualitytools/diabetes-education-toolkit-0>

Toolkit address: <http://www.cmhsrp.uic.edu/health/diabetes-library-home.asp>

**Health Screening Manual** – provides step-by-step instructions and planning forms that can be used by those who want to hold a community health fair for people in recovery. It was used to organize fairs in NY, CA, DC, MD, IL, GA, and NJ. Data collected in 4 states using the screening procedures have resulted in a series of journal articles.

Manual address: [http://www.cmhsrp.uic.edu/health/designing\\_health\\_screening.asp](http://www.cmhsrp.uic.edu/health/designing_health_screening.asp)

**Algorithm for Prescribing Smoking Cessation Medications to Users of Psychotropic Meds** – this decision-aid presents a visual algorithm that guides physicians through the steps necessary to determine whether to prescribe smoking cessation medications and which ones to use to avoid harmful drug interactions.

Algorithm address: <http://www.cmhsrp.uic.edu/download/Cess-Med-Flow-Sheet-Sept%202011.pdf>

**State of the Science Summit on Integrated Health Care** - this website presents the Center's SOS conference presentations and podcasts on the latest research and programs addressing care coordination and recovery self-direction.

Website address: <http://www.cmhsrp.uic.edu/health/summit14/index.asp>

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## Additional Resources

### Diabetes education materials

<http://clinicians.org/our-issues/acu-diabetes-patient-education-series/>

### Tobacco cessation toolkit

[http://www.integration.samhsa.gov/Smoking\\_Cessation\\_for\\_Persons\\_with\\_MI.pdf](http://www.integration.samhsa.gov/Smoking_Cessation_for_Persons_with_MI.pdf)

### Behavioral Health and Wellness Program: University of Colorado Denver

<https://www.bhwellness.org/>

### Wellness Recovery Action Planning (Mary Ellen Copeland)

<http://www.mentalhealthrecovery.com/>

### General Wellness Resources

<http://www.integration.samhsa.gov/health-wellness/wellness-strategies>

### Health Promotion Resource Guide: Choosing Evidence-Based Practices for Reducing Obesity and Improving Fitness for People with Serious Mental Illness

[http://www.integration.samhsa.gov/health-wellness/Health\\_Promotion\\_Guide.pdf](http://www.integration.samhsa.gov/health-wellness/Health_Promotion_Guide.pdf)

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Please type your  
questions/discussion  
points in the chat box!



## Reminder

### What?

Next Webinar in the Series:  
Understanding and Using Data to Inform Implementation

### When?

Wednesday, December 2, 2015 • 2:00 – 3:00 PM EST

### Who should attend?

Project directors, evaluators, staff responsible for data collection

### What will you learn?

- Data collection requirements
- How population health management informs client outcomes

### Register here

<https://attendee.gotowebinar.com/register/5531522423095814401>

*Please complete the survey that follows this webinar!*



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